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# About Your Benefits



Your benefits have been designed to protect you and your family during your retirement years and to work with other sources of income to offer financial stability.

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# Highlights



## Your Benefits...

### ...Offer Medical and Dental Coverage for You and Your Family

If you retired under the pension plan, you and your eligible dependents who are under age 65 may elect medical and dental coverage. If you are retired under the pension plan and you or your spouse are age 65 or over *and* are enrolled in Medicare Part A and Part B, either of you may enroll in the Major Medical Medicare Supplement Plan.

### ...Allow You to Continue Your Life Insurance Coverage

You may continue your basic life insurance during your retirement. The amount of coverage available to you and the cost of your coverage depends on your age and your earnings just before you retired.

### ...Provide You With Retirement Income

Your savings program and pension plan benefits work with your Social Security benefits and your personal savings to provide your retirement income.

The term "Company" refers to BWXT Y-12, LLC or UT-Battelle, LLC.

Other terms are defined in the Glossary section.



# Eligibility

## For You

If you are **under age 65** and are retired under the Company's pension plan, you are eligible for the following benefits:

- Medical (including prescription drugs and vision care)
- Dental
- Long Term Care Insurance
- Basic Life Insurance (provided you had this coverage immediately prior to retirement)
- Supplemental Life Insurance (provided you had this coverage immediately prior to retirement and you were a salaried employee who retired prior to 2-1-2001 or an hourly employee who retired prior to 8-1-2001)
- Pension Plan
- Savings Program (provided you have a deferred account balance).

If you are **over age 65** and are retired under the Company's pension plan, you are eligible for the following benefits:

- Major Medical Medicare Supplement Plan (provided you are enrolled in Medicare Part A and Part B and had employer-provided medical coverage immediately prior to age 65)
- Long Term Care
- Basic Life Insurance (provided you had this coverage immediately prior to retirement)
- Supplemental Life Insurance (provided you had this coverage immediately prior to retirement and you were a salaried employee who retired prior to 2-1-2001 or an hourly employee who retired prior to 8-1-2001)
- Pension Plan
- Savings Program (provided you have a deferred account balance).

## For Your Dependents

You may enroll your spouse and other eligible dependents for coverage, according to the following guidelines:

- If you are over age 65 and your spouse is under age 65, you may continue to cover your spouse and other eligible dependents for medical (including prescription drugs and vision care) and dental coverage until your spouse reaches age 65.
- If you are under age 65 and your spouse is over age 65, you may continue medical (including prescription drugs and vision care) and dental coverage on your spouse and other eligible dependents until you reach age 65.
- If you and your spouse are over age 65, you may enroll your spouse in the Major Medical Medicare Supplement Plan as long as your spouse is enrolled in Medicare Part A and Part B and was covered under the Company's or another employer's medical insurance plan immediately prior to age 65.
- Your spouse is eligible to apply for long term care insurance at any age.

Eligible dependents include:

- your lawful spouse  
*and*
- your unmarried children from birth through age 24 who are wholly dependent on you for support.

The term "Eligible Dependent" is defined in the Glossary.

Children generally include your natural and adopted children and, in certain situations, may also include your stepchildren, foster children or other children who are wholly dependent on you for support and live with you in a regular parent-child relationship.

The term "Child" is defined in the Glossary.



# Eligibility (cont'd.)

Medical (including prescription drugs and vision care) and dental coverage may be continued for an unmarried child who is incapable of self-support due to a physical or mental handicap that began before he or she reached age 24, provided you submit proof of the child's disability to the insurance company within 30 days after the child reaches age 24. Additional proof of the child's continuing disability will be required

periodically. When your dependents are no longer eligible for health care coverage, they may be eligible to continue coverage for up to 36 months under COBRA. Refer to the Administrative Information section for information on COBRA.

The following chart provides a brief overview of the eligibility requirements for each benefit plan.

Eligibility... At a Glance			
Benefit Plan	Who Is Eligible		
	Retirees Only (Regardless of Age)	Retirees and Dependents Under Age 65	Retirees and Spouse Over Age 65
Medical (including Prescription Drugs and Vision Care) <sup>1</sup>		X	
Major Medical Medicare Supplement Plan (including Prescription Drugs)			X
Dental <sup>1</sup>		X	
Long Term Care		X	X
Basic and Supplemental Life Insurance <sup>2</sup>	X		
Savings Program <sup>3</sup>	X		
Pension Plan	X		
<p>1 If you are under age 65 and your spouse is over age 65, you, your spouse, and eligible dependents are eligible to continue medical (including prescription drugs and vision care) and dental coverage until you reach age 65.</p> <p>2 You are eligible for basic life insurance only if you had this coverage immediately prior to retirement. You are eligible for supplemental life insurance only if you had this coverage immediately prior to retirement and you were a salaried employee who retired prior to 2-1-2001 or an hourly employee who retired prior to 8-1-2001.</p> <p>3 You are eligible to continue your participation in the savings program only if you have a deferred balance; you may not make contributions to the savings program after retirement.</p>			



When you retire, you may elect to continue medical coverage (including prescription drugs and vision care) and dental coverage for your eligible dependents under age 65 and for yourself if you are under age 65. You may also choose coverage for your spouse who is over age 65 as long as you are under age 65. In addition, if you are under age 65, you may continue your basic life insurance coverage, provided you had this coverage immediately prior to retirement. However, if you choose not to continue this coverage when you retire, or drop the coverage for any period of time, you cannot reenroll for life insurance at a later date during retirement.

If you are age 65 or over, you may elect coverage under the Major Medical Medicare Supplement Plan. To enroll, you must complete an enrollment form on which you:

- enroll yourself and/or your eligible spouse  
*and*
- authorize the Company to deduct your share of the cost of the coverage you elect from your pension payments.

Enrollment forms are available from the Benefit Plans Office. You must enroll within 30 days of your retirement.

If you choose to defer your benefit under the savings program when you retire, you will continue to participate in this program until you have received your entire account balance. You may not continue to make contributions on or after your retirement date. No enrollment is required to continue your participation.

In addition, your participation in the pension plan will automatically continue until you die (or until your survivor dies if you have elected a form of payment that provides a survivor benefit).

## When You May Elect Coverage

If you are enrolled in the benefits available to retirees at the time you retire, you may elect your retirement benefits coverage when you first become eligible. In addition, if you are under age 65 and not currently enrolled for medical coverage, you may enroll for medical coverage for yourself and/or your dependents (including prescription drugs and vision care) during the open enrollment period each October or November. Your coverage will be effective on the following January 1.

There is no open enrollment period for the Major Medical Medicare Supplement Plan. You must enroll within 30 days of the date you are first eligible. This is the initial eligibility period. If you or your eligible dependent do not enroll within 30 days of the date you are first eligible or during a special enrollment period, you are considered a late enrollee. Late enrollees may enroll at any time. A late enrollee is subject to the pre-existing condition exclusion. A late enrollee's coverage becomes effective the first of the month after 30 days from the date of enrollment. No proof of insurability is required. When the first claim is filed, there will be a review of the pre-existing condition exclusion and continuous creditable coverage. Pre-existing condition exclusion may apply if continuous creditable coverage rules are not met.

If you are under age 65, had dental coverage immediately prior to retirement and did not elect to continue dental coverage at retirement for yourself and your eligible dependents, you will not have another chance to enroll unless you lose your dental coverage under another employer's plan. In this case, you must request dental coverage and provide proof of your prior coverage within 30 days of the coverage loss.





# Enrollment (cont'd.)

## When You May Change Your Elections

There are limited circumstances under which you may change your benefit elections. You may change most Savings Program elections at any time by calling the Information Line. In addition, you can drop your medical or dental coverage at any time by signing a cancellation form. Cancellation forms are available from the Benefit Plans Office.

## Changes During Open Enrollment Periods (for Retirees and Dependents under Age 65)

If you are not currently enrolled for medical coverage, you may elect medical coverage once a year during the open enrollment period in October or November. Coverage will be effective January 1.

# Changes at Other Times

## Qualifying Life Events

You may only change your election during open enrollment unless you have a qualifying life event.

A qualifying life event includes:

- marriage, legal separation, annulment, or divorce
- the death of your spouse or child
- the birth or adoption (or placement for adoption) of your child
- the loss or gain of benefit eligibility of your child
- the termination or commencement of employment of you or your spouse or child
- a reduction or increase in hours of employment of you or your spouse or child, including a switch between part-time and full-time, a strike or lockout, or commencement of or return from unpaid leave of absence
- a change in health coverage due to your spouse's employment
- a "special enrollment period" under the group health plan as required by law
- a qualified medical child support order that requires your child to be covered under the group medical and/or dental plan
- you or your spouse or child becomes eligible (or loses eligibility) for Medicare or Medicaid
- or
- involuntary loss of other group health plan coverage.



# Changes at Other Times (cont'd.)

Here are a few examples of election changes that are consistent with a qualifying life event:

With This Event	You Can Make These Changes	
You have a qualifying life event, such as: <ul style="list-style-type: none"> <li>• marriage</li> <li>• divorce or legal separation</li> <li>• birth or adoption</li> <li>• death</li> <li>• change in your spouse's employment status</li> </ul>	Medical Plan  Major Medical Medicare Supplement Plan  Dental Plan	If you were previously enrolled for coverage, you can add dependents (consistent with the family status change and subject to age limits of each plan) or drop coverage or dependents
You experience a loss of other employer-provided medical or dental coverage	Medical Plan  Major Medical Medicare Supplement Plan  Dental Plan	Add coverage by providing proof of the coverage loss within 30 days of the loss
You move outside a point-of-service network	Medical Plan	Change coverage to the CIGNA Indemnity Plan
Benefit changes must be requested within 30 days of the qualifying life event by completing a change form and returning it to the Benefit Plans Office. However, there is one exception: you have up to one year to enroll a newborn for dental coverage. All changes are effective on the date of the event.		





# How Changes Affect Your Benefits

## Steps to Take If You Get Married...

Notify the Benefit Plans Office to update your retirement records if your name changes. In addition, make sure the Benefit Plans Office knows of any address changes.

Notify the Social Security Administration of any name changes.

Review your spouse's benefits so you can coordinate coverage to your best advantage.

Change your benefit elections within 30 days of your marriage.

Update your life insurance beneficiary records.

Update your savings program beneficiary records. Keep in mind that if you have been married for at least one year and you want to designate someone other than your spouse as your beneficiary, you must have your spouse's written and notarized consent. Contact CitiStreet or the Benefit Plans Office for more information.

Consider preparing or updating your will.

## Steps to Take If You Get Divorced...

Notify the Benefit Plans Office to update your retirement records if your name changes. Make sure the Benefit Plans Office knows of any address changes,

Notify the Social Security Administration of any name changes.

Change your benefit elections within 30 days of the date your divorce is final. You must submit a copy of the divorce decree in order to drop coverage for your ex-spouse. Your ex-spouse is eligible to continue medical and dental coverage for up to 36 months through COBRA. You or your ex-spouse has 60 days to notify the Benefit Plans Office in order to obtain COBRA benefits.

Add your eligible dependents to your medical and dental coverage if a court establishes that you must provide coverage for dependent children.

Update your life insurance and savings program beneficiary records. Life insurance forms are available from the Benefit Plans Office. You can request a savings program beneficiary form by calling the savings program information line.

Contact the Benefit Plans Office if you think a court may issue a qualified domestic relations order (or "QDRO") granting your former spouse the right to receive any pension or savings benefits. You will be sent important information about the procedures and requirements for QDROs.

Consider preparing or updating your will.



# How Changes Affect Your Benefits (cont'd.)

## Steps To Take If You Are Expecting or Adopting a Child

### If You or Your Spouse is Pregnant...

#### CIGNA Point-of-Service In-Network

Schedule prenatal appointments. You will pay a copayment at the initial visit under CIGNA Option 1 or you will pay a copayment for each visit under CIGNA Option 2.

Interview and choose a network pediatrician for your child to receive in-network benefits after your child is born. Well-child care and immunizations are covered only when you receive them from a network pediatrician. Your baby's first visit will be in the hospital after delivery, so consider choosing a pediatrician who has admitting privileges at your hospital to ensure that you receive in-network benefits for that visit.

Your OB/GYN will precertify your hospital or birthing center admission.

Present your medical ID card when you are admitted to the hospital or birthing center and pay a copayment for the admission.

#### CIGNA Point-of-Service Out-of-Network and CIGNA Indemnity Plan

Schedule prenatal appointments.

Submit medical claims for all care you receive throughout the pregnancy. Pregnancy is covered as any other medical condition.

Interview and choose a pediatrician.

Call CIGNA's Member Services by the fourth month of pregnancy to precertify your maternity admission if you are in a Point-of-Service Plan. If you are in the Indemnity Plan, you should call Intracorp for hospital precertification by the fourth month as well.

### If You Adopt a Child...

Interview and choose a pediatrician. If you are in the Point-of-Service Plan, you must choose a primary care physician for your child from the provider directory to receive in-network benefits, including coverage for well-child care.

## When Your Child Arrives

Enroll your newborn or newly adopted child for medical benefits within 30 days, so your child's medical expenses will be covered from the date of birth or adoption. You have up to age one to enroll the child for dental coverage. Call the Benefit Plans Office to request a change form.

Consider updating your will.





# How Changes Affect Your Benefits (cont'd.)

## Steps to Take If You Die

When you die, your family member should notify the Benefit Plans Office of your death. Benefit Plans will assist your family members in completing the appropriate forms.

## Steps to Take If You Lose a Spouse or Child

When you lose a spouse or child, you should notify the Benefit Plans Office.

Change your medical and dental coverage within 30 days of the death, if coverage changes are appropriate.

Review your beneficiary elections for life insurance and the savings program.

## Steps to Take If You or Your Spouse Is Admitted to a Long Term Care Facility

When you or your spouse are admitted to a long term care facility, contact the Benefit Plans Office. Changes in your medical or prescription drug plan may be necessary.

## What Happens to Your Benefits If You Die

Here is what happens to your benefits if you die:

### Medical (Including Prescription Drugs and Vision Care) and Dental

If your spouse is under age 65, he or she may continue medical coverage (including prescription drugs and vision care) and/or dental coverage by paying the appropriate premiums (full premium cost if you had less than 10 years of full-time service when you retired; retiree share of premium cost if you had more than 10 years of full-time service when you retired).

Your spouse can continue this coverage until he or she becomes age 65 or remarries, whichever comes first. At age 65, your unmarried surviving spouse may transfer to the Major Medical Medicare Supplement Plan.

If, when you die, you do not have a spouse but have other eligible dependents, your eligible dependents may continue their coverage through COBRA. Refer to the Administrative Information section for more information on COBRA.

### Major Medical Medicare Supplement Plan

If your spouse is age 65 or over, your spouse may elect to remain in the plan, subject to plan qualifications and plan continuation.

### Long Term Care

Your spouse may continue his or her coverage by paying monthly premiums to the insurance company.

### Life Insurance

Your beneficiary will receive a basic life insurance benefit and a supplemental life insurance benefit, depending on the coverage you were eligible for and elected.

### Pension Plan

Your surviving spouse/beneficiary will receive any survivor benefit. The Benefit Plans Office will contact your beneficiary to provide information about any plan benefits that might be payable.

### Savings Program

Your beneficiary may receive your full account balance in a lump sum. However, your spousal beneficiary may choose either a lump-sum payment or monthly installment payments over a five-year period. Your spousal beneficiary may also elect to defer payment until the latest date permitted by the tax law.



# When Coverage Begins

Your coverage will begin according to the following chart, provided you meet the plan's eligibility requirements. With the exception of the Major Medical Medicare Supplement Plan, any coverage you elect for your eligible

dependents will begin on the same day your coverage begins. Major Medical Medicare Supplement Plan coverage for your enrolled spouse will begin on the first of the month following your spouse's 65th birthday.

Benefit Plan	Your Coverage Will Begin...
Medical (including Prescription Drugs and Vision Care)	<b>Retiree or spouse under age 65, Retiree under age 65 with spouse over age 65:</b> If you had coverage immediately prior to retirement, coverage continues at retirement provided you elected to continue your coverage. If you did not have coverage at retirement, your coverage will begin on the day you provide proof of prior medical coverage under another employer's plan.
Major Medical Medicare Supplement Plan	<b>Retiree and spouse over age 65:</b> Coverage begins on the first day of the month after you retire (or on your retirement date if it falls on the first of the month) or the first day of the month following your 65th birthday if you are under age 65 on your retirement date, provided you enroll within 30 days of becoming eligible. If you enroll more than 30 days after you first become eligible, or during a special enrollment period, your coverage will be effective on the first of the month after 30 days from date of enrollment.
Dental	<b>Retiree or spouse under age 65, Retiree under age 65 with spouse over age 65:</b> If you had coverage immediately prior to retirement, coverage continues at retirement provided you elected to continue your coverage. If you did not have coverage prior to retirement, your coverage will begin on the day you provide proof of loss of prior dental coverage under another employer's plan.
Long Term Care	<b>Retiree and spouse:</b> With a statement of health, coverage begins on the first of the month following the date the insurance company approves your request for enrollment.
Basic Life Insurance	<b>Retiree only:</b> If you had basic life insurance coverage immediately prior to retirement, your full coverage will continue until you are age 65 provided you elected to continue this coverage at retirement. At age 65, a reduced amount of coverage continues.
Supplemental Life Insurance	<b>Retiree only:</b> If you had supplemental life insurance coverage immediately prior to retirement and you were a salaried employee who retired prior to 2-1-2001 or an hourly employee who retired prior to 8-1-2001, your full coverage will continue until you are age 65 provided you elected to continue this coverage at retirement.
Savings Program	<b>Retiree only:</b> Participation continues if you chose to defer receiving your account when you retired. You may not make contributions to the savings program on or after your retirement date.
Pension Plan	<b>Retiree only:</b> Plan benefits begin the first of the month after you retire unless you chose to defer your benefit. Employees who retire with less than full pension benefits can defer their benefit until they are eligible for a full benefit.

If you change your elections because of a qualifying life event, the changes will be effective on the date of the qualifying life event or as stated

by individual plan rules, provided you turn in a change form to the Benefit Plans Office within 30 days of the event.





# Paying for Your Benefits

The Company pays for most of the cost of your benefits package in retirement. For some benefits, such as the pension plan, the Company

pays the full cost. For other benefits, you and the Company share the cost or you pay the full cost of coverage.

Benefit Plan	The Company pays the full cost of coverage	You share the cost of coverage with the Company	You pay the full cost of coverage
Medical (including Prescription Drugs and Vision Care) If you had at least 10 years of full-time service when you retired		X	
If you had less than 10 years of full-time service when you retired			X
Major Medical Medicare Supplement Plan If you had at least 10 years of full-time service when you retired		X	
If you had less than 10 years of full-time service when you retired			X
Dental If you had at least 10 years of full-time service when you retired		X	
If you had less than 10 years of full-time service when you retired			X
Long Term Care			X
Basic Life Insurance Full amount (before age 65)		X	
Reduced amount (at age 65 and over)	X		
Supplemental Life Insurance Full amount (before age 65)			X
Reduced amount (at age 65 and over)	X		
Pension Plan	X		



# When Coverage Ends

Coverage will end on the earliest of the following dates:

- the last day of the period for which your last contribution was made (if you fail to make any required contribution)
- when you die  
*or*
- the date the plan is terminated.

If you have elected a joint-survivor form of payment, pension plan and savings program benefit payments to your named survivor will continue after your death. If you have not elected a joint and survivor form of payment:

- pension benefits will end the month of your death  
*and*
- savings program benefits will be paid to your beneficiary.

Coverage for your dependents will end on the same day your coverage ends or on the day they are no longer considered eligible dependents, if earlier.

Your dependents may be eligible to extend medical (including prescription drugs and vision care) and dental coverage under certain circumstances when their coverage would otherwise end.



## Administrative Information

See the "Administrative Information" section for information about continuing coverage under COBRA.



